



Indiana Department of Natural Resources
Division of Entomology & Plant Pathology
402 West Washington Street, Room W290
Indianapolis, IN. 46204-2739
PHONE: 317-232-4120
FAX: 317-232-2649

REQUEST FOR INSPECTION/SAMPLING OF COMMODITIES FOR EXPORT

Date: _____

Contact Person: _____

Phone Number: _____

Anticipated Shipping Date: _____

Date Inspection is Requested: _____

Company Name: _____

Address: _____

Directions to Facility:

Contact Person at Facility: _____

Phone Number: _____

Product to be Tested: _____

Origin of Product: _____

Anticipated Country(s) of Export: _____

Facility to Test Seed Samples: ☐ **Iowa State University Seed Testing Laboratory**

☐ **Professional Seed Research, Inc.**

Quantity to be Exported: _____

Is Product Already Bagged: _____ **# Bags:** _____

Variety Name(s): _____ **Lot number(s):** _____

Does this request accompany an application for a Phytosanitary Certificate: _____

Note: Please allow at least 3-7 days prior notice for inspection. Remember to allow at least 2-3 weeks, or more, for some laboratory results. It is the company's responsibility to provide bags, probes, meters, scales, etc. to be used in the inspection. Completed copies of this form should be mailed to the address above or faxed to our office at: (317) 232-2649.